	REQUEST FOR PATENT FEE REFUND		
	1 Date of Request: 5-20-2005 2 Serial/Patent # 10 525240		
	3 Please refund the following fee(s):	4 PAPER 5 DATE NUMBER FILED 6 AMOUNT	
	Filing	\$	
	Amendment	\$	
	Extension of Time	\$	
	Notice of Appeal/Appeal	\$	
	Petition	\$	
	Issue	\$	
	Cert of Correction/Terminal Disc	c. \$	
	Maintenance	. \$	
1	Assignment	\$	
	Other	\$ 100	
		7 TOTAL AMOUNT S 100, CO	
		8 TO BE REFUNDED BY:	
	10 REASON:	Treasury Check	
	Overpayment	Credit Deposit A/C #:	
	Duplicate Payment	9 1 9 4 8 8 0	
	No Fee Due (Explanation):		
epli A#:	Ref: 05/20/2005 FSMITH 0015405400 94880 Name/Number:10525240		
٠.	11 REFUND REQUESTED BY:		
	TYPED/PRINTED NAME: Frederick Son	TITLE:	
	SIGNATURE:	PHONE:	
	OFFICE:		

	APPROVED:	DATE:	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B